

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
00/189,559	11/11/98	707	2771 2177	WISO-0101-PU

APPLICANT JOHN J. MCMILLAN, MILFORD, MI; GARY D. CHIRHART, ROCHESTER HILLS, MI.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

None/ls

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

None/ls

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/02/98 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 5	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>					

ADDRESS DAVID R SYROWIK  
BROOKS & KUSHMAN  
1000 TOWN CENTER  
TWENTY SECOND FLOOR  
SOUTHFIELD MI 48075

TITLE METHOD AND SYSTEM FOR MANAGING SOFTWARE CONFLICTS AND  
COMPUTER-READABLE STORAGE MEDIUM HAVING A PROGRAM FOR EXECUTING THE  
METHOD

FILING FEE RECEIVED  \$527	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/189,559	FILING DATE 11/11/98	CLASS 707	GROUP ART UNIT 2771	ATTORNEY DOCKET NO. WISO-0101-PU
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APPLICANT JOHN J. MCMILLAN, MILFORD, MI; GARY D. CHIRHART, ROCHESTER HILLS, MI.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

FOREIGN FILING LICENSE GRANTED 12/02/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 5	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 12
Verified and Acknowledged Examiner's Initials _____ Initials _____					

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